

COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accident

600 Washington Street

Boston, Massachusetts 02111

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I, _____
(licensee/permittee)

with a principal place of business/residence at: _____
(City, State, Zip Code)

do hereby certify, under the pains and penalties of perjury that:

☐ I am an employer providing the following workers compensation coverage for my employees working on this job.

Insurance Company Policy Number

☐ I am a sole proprietor and have no one working for me.

☐ I am a sole proprietor, general contractor or homeowner (**circle one**) and have hired the contractors listed below who have the following workers compensation insurance policies:

Name of Contractor Insurance Company/Policy Number

Name of Contractor Insurance Company/Policy Number

Name of Contractor Insurance Company/Policy Number

☐ I am the homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling or not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally consider to be employers under the Workers' Compensation Act (GL C 152, sect. 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to 41,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this _____ day of _____, 20_____

Licensee/Permittee

Licensor/Permittor